GUAM CONSOLIDATED COMMISSION ON UTILITIES
GWA RESOLUTION NO. 43-FY2015
GPA RESOLUTION NO. 2015-39

RELATIVE TO ESTABLISHING A WELLNESS PROGRAM AT THE GUAM WATERWORKS AUTHORITY AND THE GUAM POWER AUTHORITY

WHEREAS, under 12 G.C.A. § 14105, the Consolidated Commission on Utilities ("CCU") has plenary authority over financial, contractual and policy matters relative to the Guam Waterworks Authority ("GWA"); and

WHEREAS, the Guam Waterworks Authority ("GWA") is a Guam Public Corporation established and existing under the laws of Guam; and

WHEREAS, statistics show that the health status of Guam’s population continues to be adversely affected by unhealthy lifestyle practices which impacts operational efficiency and harmony; and

WHEREAS, CCU is concerned about the overall health and wellness of the employees of both the Guam Waterworks Authority and the Guam Power Authority ("GPA"); and

WHEREAS, the CCU also recognizes that employee health is vital to the island’s collective health, employee productivity, and overall quality of life health and as such the CCU desires to do everything it can to promote healthy lifestyles for said employees; and

WHEREAS, the CCU understands that several Government of Guam agencies have implemented worksite wellness programs which have demonstrated the health benefits to be gained and the CCU believes that establishing a physical fitness and wellness program at both GWA and GPA in the form provided in Exhibit A will benefit the utilities, the employees and the community as a whole.
NOW BE IT THEREFORE RESOLVED, the Consolidated Commission on Utilities, as the Governing Body of the Guam Waterworks Authority, does hereby adopt the attached Wellness Program as set forth in Exhibit A for both the Guam Power Authority and the Guam Waterworks Authority. The General Managers for both utilities are hereby directed to take such reasonable steps as are necessary to implement the Wellness Program in an expedient manner.

RESOLVED, that the Chairman certified and the Board Secretary attests to the adoption of this Resolution.

DULY AND REGULARLY ADOPTED, this 25th day of August, 2015.

Certified by: Attested by:

JOSEPH T. DUENAS J. GEORGE BAMBA
Chairperson Secretary

I, J. George Bamba, Board Secretary of the Consolidated Commission on Utilities as evidenced by my signature above do hereby certify as follows:

The foregoing is a full, true and accurate copy of the resolution duly adopted at a regular meeting by the members of the Guam Consolidated Commission on Utilities, duly and legally held at a place properly noticed and advertised at which meeting a quorum was present and the members who were present voted as follows:

AYES: 5
NAYS: 0
ABSTENTIONS: 0
ABSENT: 0
Guam Waterworks Authority/ Guam Power Authority
August 19, 2015

PROJECT PROPOSAL

Worksite Wellness Program

I. Summary

There are many Guam Power Authority and Guam Waterworks Authority (GPWA) employees who are affected by non-communicable diseases (NCD)*. Or worse, have passed by a preventable NCD.

GPWA would benefit from a worksite wellness program by offering its employees an opportunity to enhance their health, quality of life, and productivity. The Gov. Guam Worksite Wellness Program (WWP) offers this opportunity.

The WWP was established to develop healthy and well-motivated employees who are productive. The program is expected to improve participating employees’ over-all work performance to include providing better service, less absenteeism related to health problems, and increase efficiency in the workplace.

Each participating agency designates Health Coaches to coordinate activities and keep records of each participating employee. Health Coaches will also evaluate participants’ progress and ensure that employees are accountable for their activity.

The program will also give GPWA the network to collaborate with other participating Gov. Guam agencies and community partners in the Non Communicable Disease Consortium**, to ensure a productive program and to keep employees informed of present NCD issues. This consortium group, of which the Health Coaches are a part of, meets once a month.

A great incentive for employees to participate in the Gov. Guam Worksite Wellness program is the quarterly raffle drawings held at the NCD Consortium meetings. For every activity tracked by the
Health Coaches, the participant receives credit for raffle tickets. There are multiple prizes that are given away and a grand prize, worth over $1,000.

* Non-communicable diseases are heart disease, stroke, cancer, diabetes, asthma, etc.

** A NCD Consortium was established to reduce the burden of NCD in the community. The program addresses smoking, nutrition, alcohol, physical activity and obesity.

II. Introduction

In the wake of losing two GWA employees in the same month of December, 2014, there was a realization that there are many GPWA employees that would benefit from a worksite wellness program, such as the Gov. Guam Worksite Wellness program (WWP).

This WWP includes guidelines on monitoring and evaluation to ensure accountability of each employee and to determine the success of the program. Health coaches are designated to coordinate the program, account for employee participation, and represent their agency at Non Communicable Disease (NCD) Consortium meetings.

At the moment, I, Melissa Schable, Lou Palomo, & Julius Bermudez have volunteered to be GWA Health Coaches. A need for more coaches will be needed due to employees located in different locations around the island and the team sport practices that would not be on GPWA properties.

Health Coach Duties:
- Plan and implement worksite wellness activities (classes - cooking, nutrition, stress reduction, smoking cessation, etc.) and support activities (weight reduction contest, groups - walking, running, swimming, and sport teams).
- Attend monthly NCD Consortium meetings w/other Gov. Guam agency health coaches for updates, feedback, collaborative efforts, and support.
- Ensure participant files are organized, updated and kept confidential.
- Keep records of employee participation.
- Assess participant progress.
Employee Participation:
- Complete registration and medical clearance form that are submitted to their designated Health Coach.
- Sign in with their health coach, at the end of every activity.

For every activity that an employee participates, he/she are awarded raffle tickets to quarterly drawings.
Examples of prizes:
- Gas cards
- $100 gift certificates to Payless
- Smartphones
- Round-trip ticket to Philippines with Full Executive check-up

Participating Gov. Guam full-time employees are given three (3) - one hour workouts per workweek. There are suggested times for activities: one hour at the start of a work shift, or one hour before or after their lunch hour, or one hour before the end of a work shift. The hour is to include any transportation and locker room time.

Participation would also include any activities not on GPWA property, such as activities planned by other agencies that GWA is invited and 5K events that are generally held on Saturdays. Also, team sport practices held at gyms and fields around Guam.

III. Needs/Problems
Identify the needs or problems to be addressed. Include the target population and any statistical information that you may have. Ideas for information to include here are:

- Length of time needs/problems have existed
- Whether problem has ever been addressed before, and what the outcome was
- Impact of problem to target population
- Impact of problem to surrounding populations
IV. Goals/Objectives
State the desired goals and objectives to address the needs/problems stated above. Also include key benefits of reaching goals/objectives.

- Goal 1
- Goal 2
- Goal 3

V. Procedures/Scope of Work
Provide detailed information about proposed procedures, if available, and the scope of work. Include information on activities such as recruiting, training, testing, and actual work required.

VI. Timetable
Provide detailed information on the expected timetable for the project. Break the project into phases, and provide a schedule for each phase.

<table>
<thead>
<tr>
<th>Description of Work</th>
<th>Start and End Dates</th>
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<tbody>
<tr>
<td>Phase One</td>
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<td>Phase Two</td>
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<tr>
<td>Phase Three</td>
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</tbody>
</table>

VII. Budget
State the proposed costs and budget of the project. Also include information on how you intend to manage the budget.

<table>
<thead>
<tr>
<th>Description of Work</th>
<th>Anticipated Costs</th>
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<tr>
<td>Phase One</td>
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<tr>
<td>Phase Two</td>
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<tr>
<td>Phase Three</td>
<td></td>
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</table>

Total $0.00
VIII. Key Personnel
List the key personnel who will be responsible for completion of the project, as well as other personnel involved in the project.

IX. Evaluation
Discuss how progress will be evaluated throughout and at the end of the project.

X. Endorsements
Patrick Luces, Program Coordinator, DPHSS, 735-7500, patrick.luces@dphss.guam.gov

The names and addresses of individuals and companies who support and endorse the GPWA worksite wellness activities/teams would be placed here. (GWA wellness event participants)

XI. Next Steps
Specify the actions required of the readers of this document.

- Next Step 1
- Next Step 2
- Next Step 3

XII. Appendix
Provide supporting material for your proposal here.
I. STATEMENT OF POLICY

The Guam Power Authority is committed to maintaining a safe, healthful and productive work environment for each employee. The employees are the Authority’s most valuable resource and therefore, their health and well being is a serious concern.

Employees with healthy lifestyles have fewer illnesses and injuries, and recover from illnesses and injuries faster. An employee who participates in regular physical activity has increased cardiovascular endurance. Those employees who eat low fat diets, refrain from smoking and get adequate rest are adding years to their lives. Employees who do all of the above are more alert, have a better mental attitude, and deal more effectively with the stress and rapid change that is a component of the world work.

This fitness and wellness program is an excellent way for Guam Power Authority to show the employees that they care and at the same time they are improving the overall physical and mental health of the Authority.

As a part of GPA’s commitment, all employees are encouraged to participate. Employees who elect to participate in the Fitness and Wellness Program must complete the Registration Form (FWP Form A). The employees, who do not elect to participate in the program, are not authorized to use the time allotted for any personal business.

Participation in the fitness and wellness program is a benefit and a privilege, not a right. Therefore, the mission of the Authority takes immediate precedence over the fitness and wellness program.

II. PROGRAM PROCEDURES

The Authority will allow an employee during the normal working hours up to one hour and not to exceed 3 times a week for participation in a fitness and wellness program. The

CODES: *REVISED #ADDED
allotted hour is inclusive of preparation time, personal hygiene and travel time back to the work site. The time provided by the Authority is not cumulative.

A Statement of Medical Clearance (FWP Form B), Medical Clearance Waiver Statement (FWP Form C) and a Health Risk Assessment Questionnaire (FWP Form D) are required of the program participants. If an employee opts not to obtain a medical clearance, the employee must sign a statement removing any liabilities from the Authority as a result of his participation. These documents shall be filed with Fitness and Wellness Coordinator and are separate from the employee's personnel files. All fitness and wellness documents are kept confidential. Unless authorized by the employee, no one may have access to the fitness and wellness program records.

Participants in the program must provide their fitness and wellness program schedules to the Division representative and the immediate supervisor.

Employees participating in any fitness and wellness programs other than the Authority's program will incur all costs at their expense.

As a participant of this program, employees must complete the health screening and good nutrition programs when scheduled by the Fitness and Wellness Coordinator.

A. Health Screening Program

The Department of Public Health and Social Services will conduct health screens for all GPA participants on a semi-annual basis. The following types of health screening will be provided:

1. Blood Pressure
2. Pulse
3. Cholesterol
4. Body Fat

B. Good Nutrition Program

Diet plays an integral role in how an employee feels and performs every day. The Department of Public Health and Social Services will conduct good nutrition classes for all GPA participants on a quarterly basis.
C. Physical Fitness Program

Fitness can be described as a condition that helps us look, feel and do our best. It is the ability to perform daily tasks vigorously and alertly, with energy left over for enjoying leisure-time activities and meeting emergency demands. It is the ability to endure, to bear up, to withstand stress, to carry on in circumstances where an unfit person could not continue. It is a basis for good health and well-being. It also plays an integral role in how an employee feels and performs every day. Fitness is an individual quality that varies from person to person. It is influenced by age, sex, heredity, personal habits, exercise and eating practices.

1. Participants will select one of the following options in which they will undergo their fitness program.

   Option 1
   - 11:00 a.m. to 12:00 p.m. Fitness Program
   - 12:00 p.m. to 1:00 p.m. Lunch

   Option 2
   - 11:30 a.m. to 12:30 p.m. Fitness Program
   - 12:30 p.m. to 1:30 p.m. Lunch

   Option 3
   - 12:00 p.m. to 1:00 p.m. Fitness Program
   - 1:00 p.m. to 2:00 p.m. Lunch

   Option 4
   - 4:00 p.m. to 5:00 p.m. Fitness Program

2. All employees must be in work status while participating in the fitness program.

3. All employees must sign the Waiver of Liability (FWP Form E) before engaging in the exercise program.

4. Once an employee selects which days, times and location of exercise, he must complete the Activity Sheet (FWP Form F) for his immediate supervisor’s concurrence and the Division Manager’s approval. A copy must be forwarded to the Authority’s Fitness and Wellness Coordinator. It is the participant’s responsibility to advise the Fitness and Wellness Coordinator of any changes to his exercise program schedule(s).

CODES: *REVISED #ADDED
5. All GPA employees must time-in/time-out upon departing and returning to the work site. The Fitness and Wellness Coordinator will provide a monthly report of participating employees to the General Manager. Any discrepancies on the Fitness and Wellness Time Sheet (FWP Form G) will forfeit the participant’s privilege and he must sign leave for such absence.

6. If a participant’s exercise program utilizes a fitness center, the Fitness and Wellness Coordinator will make necessary arrangements with the manager of the center. However, if the exercise program does not utilize a facility, participants must have their activities acknowledged by the Fitness and Wellness Coordinator.

7. All participants must be at their scheduled locations and designated times performing their exercise program. Participation is a privilege and not a right. Any abuse of this privilege will result in removal from the program and disciplinary action.

8. All participants are held accountable for their actions while participating in the Fitness and Wellness program.

9. The following are suggested exercise activities as well as locations.

<table>
<thead>
<tr>
<th>Exercise Activities</th>
<th>Locations</th>
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<tbody>
<tr>
<td>Aerobics</td>
<td>Fitness Centers or gyms</td>
</tr>
<tr>
<td>Weight training</td>
<td>Fitness Centers or gyms</td>
</tr>
<tr>
<td>Cardiovascular workouts</td>
<td>Fitness Centers or gyms</td>
</tr>
<tr>
<td>Walking / Biking / Jogging</td>
<td>Tiyan or Paseo Stadium</td>
</tr>
<tr>
<td>Swimming</td>
<td>Ypao Beach or Agana Pool</td>
</tr>
<tr>
<td>Bowling</td>
<td>Central Lanes</td>
</tr>
<tr>
<td>Roller Blading</td>
<td>Paseo Stadium</td>
</tr>
</tbody>
</table>

10. The following are suggested tips to help make exercise a habit.
   - Choose an activity you enjoy.
   - Tailor your program to your own fitness level.
   - Set realistic goals.
D. Employee Assistance Program

When an employee is faced with personal problems, such problems have a tendency to impact his work performance.

The Authority will provide referral services for employees faced with personal problems (i.e. counseling, substance abuse, stress management, smoking cessation). All matters regarding EAP services are held at strict confidence.

GPA is not only committed in promoting the health of the employee through a physical fitness program but also, his mental well-being.

EAP services are available to GPA employees as a part of the Fitness and Wellness Program.

III. BENEFITS OF THE FITNESS AND WELLNESS PROGRAM

Today, there is a growing emphasis on looking good, feeling good and living longer. A major key to achieving these ideals is fitness and wellness.

Along with commitment and determination, regular exercise in combination with a sensible diet can help provide an overall sense of well-being and can even help prevent chronic illness, disability and premature death.

The following are some of the benefits of fitness and wellness:

A. Improved Health
   - Increased efficiency of heart and lungs
   - Reduced cholesterol levels
   - Increased muscle strength

CODES: *REVISED #ADDED
• Reduced blood pressure
• Reduced risk of major illnesses such as diabetes and heart disease
• Weight loss

B. Improved Sense of Well-Being
• More energy
• Less stress
• Improved quality of sleep
• Improved ability to cope with stress
• Increased mental acuity

C. Improved Appearance
• Weight loss
• Toned muscles
• Improved posture

D. Enhanced Social Life
• Improved self-image
• Increased opportunities to make new friends
• Increased opportunities to share an activity with friends or family members

E. Increased Stamina
• Increased productivity
• Increased physical capabilities
• Less frequent injuries
• Improved immunity to minor illnesses
GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

PARTICIPANT'S REGISTRATION FORM

Name: ____________________________  Date of Birth ___________  Age: ___
Sex: M [ ]  F [ ]

Department: ____________  Section: _______________________

In case of emergency, please contact:

________________________________________
Tel No: [H]_________________
[W]_________________

________________________________________  Date: ___________
(Signature)

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GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

Statement of Medical Clearance

*****

I, ____________________________ do not have any medical problems or conditions that
(PRINT FULL NAME)
would preclude me from participating in physical fitness and wellness activities, I understand
that is my responsibility to obtain medical clearance, at no cost to the government within thirty
(30) days, prior to participating in physical fitness and wellness programs. Furthermore, should I
incur any injury or injuries while performing physical fitness and wellness activities, Guam
Power Authority / Government of Guam will not be liable and responsible for the medical care
and services provided to me.

_____________________________       Date: __________________
(Signature)
GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

Medical Clearance Waiver Statement

I, ________ (Print full name)

(Circle below whichever is applicable)

* Elect to participate in physical fitness and wellness programs without medical clearance

* Do have medical problem(s) or condition(s) that would hinder my participation in fitness and wellness activities.

I understand that it is my responsibility to obtain medical clearance, at no cost to Guam Power Authority, prior to participating in physical fitness and wellness programs. Furthermore, should I incur any injury or injuries that increases my medical problem(s) or condition(s) while performing physical fitness and wellness activities, I understand and acknowledge that I am liable and responsible for the medical care and services provided to me.

__________________________
(Signature)

__________________________
(Date)
FITNESS ACTIVITIES

[ ] Yes  [ ] No  1. Are you interested in individual exercise activities?

[ ] Yes  [ ] No  2. Are you interested in group exercise activities?

Please check the following activities you would like your agency or company to offer:
[ ] Walk / Jog program  [ ] Stationary exercise equipment
[ ] Aerobic classes  [ ] Racquetball
[ ] Basketball games  [ ] Weight room
[ ] Volleyball games  [ ] Softball games
[ ] Swimming  [ ] Other:

WELLNESS TOPICS

[ ] Nutrition / Education  [ ] Weight Management
[ ] Stress Management  [ ] Smoking Cessation
[ ] High Blood Pressure Screening / Control  [ ] First Aid / CPR
[ ] Cholesterol Reduction Education  [ ] Diabetes Education
[ ] Alcohol / Drug prevention Education  [ ] Others:__________(Specify)

PURPOSE

The purpose of this information is to obtain and identify your needs in reducing several risk factors associated with chronic diseases: Such as coronary heart disease, stroke and diabetes which are common on our island.

CONSENT

I hereby provide consent to the Guam Power Authority, to use this data as stated above, with the understanding that all personal information reported here will remain strictly confidential.

Signature: ___________________________ Date: ______________

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GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

WAIVER of LIABILITY
*****

I, ______________________, the undersigned, and employee of Guam Power Authority, (Print Name in Full)

acknowledge the following:

1) Guam Power Authority has established a Physical Fitness and Wellness Program, hereinafter referred to as the "Guam Power Authority, Physical Fitness and Wellness Plan".

2) Guam Power Authority is in accordance to Executive Order 98-21, relative to implementing the government of Guam Physical Fitness and Wellness Program, signed and promulgated on July 29, 1998.

3) I have read Guam Power Authority's Physical Fitness and Wellness Program and understand that it is offered as a benefit to me, and is an opportunity to increase my physical and mental fitness.

4) I may not engage in any dangerous activities during the Program and I am free, having been encouraged by Guam Power Authority, to choose the activity that is safest for me.

In consideration of Guam Power Authority for extending the opportunity to participate in the Program, I for myself and anyone entitled to act on my behalf, hereby waive and release Guam Power Authority management, employees, and their representatives from all claims or liabilities of any kind arising out of my participation in this program.

__________________________________________ Date: ________________
Signature of Employee

Acknowledge by: __________________________ Date: ________________
(Fitness & Wellness Coordinator)

Rev: 11/99 FWP Form E
GUAM POWER AUTHORITY
PHYSICAL FITNESS AND WELLNESS PROGRAM

ACTIVITY SHEET

Name of Employee: ___________________________ Date: ____________
Division/Section: ____________________________

**Note: Administrative hours shall be one (1) hour per day, not to exceed three (3) hours per week.
Attendance shall be acknowledged by facility staff or certified by assigned physical fitness and
wellness division representative.

<table>
<thead>
<tr>
<th>Time</th>
<th>Type of Activity</th>
<th>Place or Facility</th>
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Acknowledged:

Immediate Supervisor: ___________________________ Date: ____________
(Print/Sign Name)

Division Manager: ___________________________
(Print/Sign Name)
(Date: ____________

Fitness & Wellness Coordinator: ___________________________ Date: ____________
(HR Representative)

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FWP Form F
GUAM POWER AUTHORITY  
PHYSICAL FITNESS AND WELLNESS PROGRAM  

**PARTICIPANT'S TIME SHEET**  

<table>
<thead>
<tr>
<th>DATE</th>
<th>EMPLOYEE NAME</th>
<th>OUT</th>
<th>IN</th>
<th>LOCATION OF ACTIVITY</th>
<th>EMPLOYEE INITIALS</th>
<th>Division Rep.</th>
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FW2 Form G
# Personal History

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Date: ________________</th>
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<tbody>
<tr>
<td>Section: _________________________</td>
<td>Job Title: ___________</td>
</tr>
<tr>
<td>Ethnicity: _______________________</td>
<td>Tel. No: _____________</td>
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</tbody>
</table>

# Medical History

1. [ ] Yes [ ] No  
   Have you ever been diagnosed with:  
   * Heart problem  
   * Stroke  
   * Diabetes  
   * High blood pressure  
   * High blood cholesterol  
   * Other: __________________________ (specify)

2. [ ] Yes [ ] No  
   Are you on medications(s)?

3. [ ] Yes [ ] No  
   Have you undergone surgery? If Yes, Date: ______ What?

4. [ ] Yes [ ] No  
   Have you ever experienced recurring back or neck pain?

5. [ ] Yes [ ] No  
   At times, do you experience stress?

6. [ ] Yes [ ] No  
   Have you ever attempted to lose weight?

7. [ ] Yes [ ] No  
   Do you exercise?

8. [ ] Yes [ ] No  
   Do you smoke?

9. [ ] Yes [ ] No  
   Do you drink alcohol?

10. [ ] Yes [ ] No  
    Do you eat 5 or more servings of fruits and vegetables a day?

11. When was the last time you had a complete physical examination?